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## Perceptions Regarding Male Suicide and Preventative Services in Co. Kilkenny

Louise Butler

*University College Dublin, loub81@hotmail.com*

Jim Phelan

*University College Dublin*

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**Perceptions Regarding Male Suicide  
& Preventative Services in Co. Kilkenny  
Louise Butler & Jim Phelan**

Address for Correspondence:

Louise Butler, Department of Agribusiness, Extension and Rural  
Development, The National University of Ireland,  
Dublin, Belfield Dublin 4.  
loub81@hotmail.com

**Abstract**

This paper examines perceptions regarding rural male suicide and the preventative services available in Co. Kilkenny to combat the problem. For every four male suicides, there is one female suicide. The problem is becoming a rural rather than an urban one. The research set out to identify gaps in services and existing policies in addressing suicide among young rural men. Data were obtained from interview with the service providers and also from focus group discussions with young rural Kilkenny men. Total participants in the focus groups were 15 young men. Limitations to this study centred around the difficulty of organising young men to take part in the focus discussion groups. Many official organisations in Co. Kilkenny were approached but no focus group was forthcoming. The one official group that took part was through Macra na Feirme. The other three focus groups that were gathered came from personal contacts. However, even through these channels many potential groups in the end did not materialise and for the groups that did materialise many of the young men did not turn up. Overall

the general feedback from people in their resistance to coming together was that the topic was a deterrent to them.

The research shows that none of the service providers have a specific focus on the problem of suicide among young rural males and that a National Prevention Strategy is yet to be presented by the National Task Force on Suicide<sup>1</sup>. The prevention services available at the moment are not seen as relevant to young men. They need to become more acceptable especially to those in the high-risk categories. More research needs to be conducted to find the reasons why young rural men are committing suicide so that suitable service responses can be created.

## **Introduction**

The reason for conducting research on rural male suicide is a concern that stems from the alarming numbers of suicide in the area of Co. Kilkenny, Ireland. The problem is not confined to Kilkenny as a look at the national figures are even more alarming, especially for the rates of suicide in men. The purpose of this research therefore was to examine the current situation in Ireland and particularly in Kilkenny and then to examine what is being done about it. It was hoped that by talking to experts in the field and to young rural males themselves that some recommendations could be made for a way forward.

The Samaritans in Ireland have no Rural Strategy unlike Britain, and they say that their efforts to work with rural agencies like Macra na Feirma and the Irish Farmer's Association have failed. Aware does not differentiate between rural and urban problems, however, they do have 36 support groups outside Dublin and try to go out to the communities to give talks. In Kilkenny they try to bring the Beat the Blues campaign out to the schools. The Samaritans also have an outreach programme available for any organisation of schools but the problem lies in the fact that they present their programme but have to wait to be asked to come and give a presentation. They cannot go uninvited and the invitations don't come. GROW would also claim that they have

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1 During the editorial process the National Strategy for Action on Suicide Prevention was launched.



no rural focus but they do have 110 groups in a mixture of rural and urban areas.

The rural General Practice clinics run a psychiatric clinic one day a week or fortnight in the rural areas but stress the difficulty of such clinics, as been the lack of anonymity. However Kelleher (1997: 262-264) says that psychiatric services in a community increases its awareness to the local people of the enormity of the problem and how real a problem it is among them. This could help to reduce the stigma and isolation that sufferers might experience, therefore making it easier and more accessible for them to contact such services. On this point Aware and GROW would also say that rural people would rather go to meetings outside their areas into the towns and GROW would further say that the problem then is one of transport. Kelleher (1997: 262-264) says that the Health Board does not provide adequate transport costs because, they say the system would be abused<sup>2</sup>. Kelleher rebukes this idea and says that the health board have a responsibility even if the per capita cost is higher to get people to the services be they state or volunteer services. After all the government has said in the White Paper on Rural Development that social justice demands that rural communities be treated equitably in the provision of public services. They say that they are committed to providing essential public services in rural areas (Department of Agriculture, 2002). The Suicide Resource Office has begun an outreach programme of training to community groups for anyone in the community to come along to. They have integrated with the agricultural colleges undertaking part of the curriculum with a human development subject. It is also their aim, which has begun in some hospitals already, to provide a special nurse in the A&E wards, for self harm patients who would follow up on cases in an outreach capacity which may be able to ease the problems of the rural areas especially isolation.

Barnardos (1999: 8) suggest that isolation hits the rural areas the most, especially the farmers. Farming is a high risk occupation among the suicide figures. The long working hours can lead to fatigue and social isolation. It

2 During the editorial process the Health Board was renamed the Health Service Executive.

is suggested that the stress and strain of life can be less obvious for people in rural areas than urban areas.

Apart from the problem of transport or isolation, many young men are not aware of the services and do not feel they are suitable for them. The young rural men speaking in the focus groups were all without exception not very sure of where to go to seek emotional help. They expressed a lack of confidence in the volunteer organisations and were more inclined to seek professional help in preference. Group therapy for many would be too intimidating. These results correspond to a survey conducted on 93 Arts students in Cork. Keely (1998: 257) which reports that half the respondents said they would not know where to turn if in need of emotional support. She says that the suitability of services is questionable and perhaps if marketed differently there might be a better take up.

The unsuitability of the services can be clearly seen in the lack of young men taking up these services. The facilitator for Aware in Kilkenny, says that when they give talks, the young men never come. GROW have the same problem and say they have no young men at present in their support groups and that over the years they would maybe have 5% to 10% attendance from young men. The GP says that he can not see the role of the general practise in suicide prevention as the young men do not come into see him, because they are generally healthy. The GP said that young men are not relating to the services that are out there and that the services are not relevant.

### **Background**

The suicide rates, both internationally and in Ireland, are now a major public health problem. This is particularly so for young men, where there has been a four fold increase in the suicide rate in Ireland since 1990, making it the most common cause of death in young people (Suicide in Ireland: A National Report, 2001: 6).

Throughout the world the issue of suicide has been neglected but this can no longer continue to be the case. Each year 400,000 people in the world kill themselves. In many countries suicide ranks among the top ten causes



of death in young people, exceeding accidents and cancer. Many countries underreport their number of suicide deaths and so the suicide figures are underestimated.

In Ireland there was a significant amount of underreporting as evident in the fall in the number of deaths explained as being of 'undetermined cause' from 119 in 1971 to 9 in 1995 (Aware, 1998).

Since the enactment of the Criminal Law (Suicide) Act 1993, suicide has been decriminalised. The Central Statistics Office is the body, which compiles statistics on the number of suicides and this is done on the basis of information presented by the Gardai. The National Task Force examined the recording of suicides, and it considered itself satisfied with the accuracy of the recording procedures, although it acknowledged that there may be an underestimation of less than 5% (Barnardos, 1999).

Papers prepared by the National Suicide foundation have examined the rates of suicide in different parts of the country between 1976 and 1994/95. Somewhat surprisingly, the analyses have shown that the male suicide rate in Dublin remained steady while the national male rate has more than doubled. They note, "The rise in suicide has been shown to be a rural rather than an urban phenomenon, a male rather than a female phenomenon affecting the young..." (Barnardos: Responding to Youth Suicide and Attempted Youth Suicide in Ireland, 1999: 8).

There is need for serious research to be undertaken as to the reasons for this change. There is also concern regarding the adequacy of services to address the serious problems that have arisen. In light of these major concerns the following objectives were formulated to guide the study. It was decided to focus on an examination of the current service providers and their policies as well as on the views of the "at risk category" about their using or obtaining help from these services. Such a study could then identify gaps in the system and suggest ways in which these gaps might be addressed.

## **Objectives**

1. Identify the services available for young men in rural areas concerning suicide.
2. Identify government policies on suicide prevention in Ireland and more specifically in rural Ireland for young men.
3. Ascertain the attitudes of young men about the services that are available concerning suicide prevention in rural Ireland. Discover what services are acceptable for young men to use and other helpful alternatives.
4. Identify the gaps in services and give some recommendations for the way forward.

## **Methodology**

A review of national reports in Ireland, namely The National Task Force on Suicide Report and Suicide in Ireland; reports from the National Suicide Research Foundation, Central Statistics Office and literature from all the organisations involved in preventing suicides in Ireland.

County Kilkenny was selected as a case study area for the purposes of this research. It was chosen simply because of ease of access for the researcher. It was felt that the problem in Kilkenny regarding the rate of young male suicides could be mirrored for many other rural counties in Ireland. Results from the study could therefore be used as a reference or baseline for the general situation in Ireland.

Semi-structured elite interviews were conducted with those involved in the specific services. The research was further pursued by conducting four focus groups with young rural Kilkenny men aged between 18 to 24 years of age. These discussions helped to examine the gaps between the young men's needs and the services offered. The format of the focus groups was also semi-structured and informal. Members in each group knew each other. As previously explained only one came from an official source and the other three through personal contacts. The locations were picked with an awareness of having as familiar surroundings as possible for the participants. The MACRA focus met in the back of their local pub. The other groups met in the sitting rooms of one of the members' houses. The focus groups



continued for one hour and a half to two hours. All participants were advised that all discussions were confidential and using a persons name should be avoided if possible if they are referring to any suicidal case.

## **Agencies Involved in Suicide Prevention**

### **The Samaritans**

The Samaritan organisation is based on the idea that most people need and want a friend. The Samaritans do not give advice, they listen. They provide a friendly ear 24 hours a day 7 days a week, every day of the year. It is difficult to measure if they are actually preventing suicide but they are definitely providing reassurance to people that they are always there to be contacted. They say they do not have a rural strategy, as seen in Britain, but this is due to lack of resources and a non paid workforce. Their efforts to attract rural agencies and to work with them in Kilkenny have failed and they are at a loss as to how they can encourage young men to talk.

### **Aware**

Efforts of Aware are concentrated on helping those with depression. They feel it is more effective to focus on awareness of depression than on suicide and cannot comment on the organisations effectiveness regarding suicide prevention, as cases are confidential. Aware does not differentiate between the problem in rural and urban areas. It is difficult to address rural areas as there is still a stigma attached to mental health in small communities. The view is expressed that the problem with young men is that they do not know how to access the services that are available. Aware feel that farming organisations have a role to play and should get involved.

### **GROW**

GROW's mandate is to help people attain emotional maturity and happiness. They provide weekly support group meetings, which are structured and based on a specific programme. Peoples lives change through being a member of GROW and for others it acts as a stabilising factor in their lives. They don't have a specific rural focus but have a national network of 110 groups in both urban and rural areas. Young males in general do not avail of their services



and the problem of GROW focusing more on young men is that financially they are only able to cope with the services they have at the moment.

### **Suicide Resource Office**

The National Task Force on Suicide recommended the setting up of the Suicide Resource Office for each of the Health Boards in Ireland. The Suicide Resource Office promotes the de-stigmatisation of suicide and provides information and training on issues of suicide and mental health. They say it is too early in their existence to see how effective their work is. They are trying to bring training on suicide prevention out to community groups in the area and they presently run courses as part of the curriculum in the local agricultural college. However they state that they can not do it all on their own and that groups that deal with young rural men have a large role to play and need to join together in action. There is a need to make young men more aware of the services available to them. Education in schools, colleges and youth services should incorporate human development courses.

### **General Practitioner**

GP's provide care in all aspects of health for a community be it preventative or aftercare. There is an increase of anti-depressant drugs being prescribed to patients. Otherwise the GP's opt for referral services of psychiatric care and counselling. There are a great deal of drawbacks in the system namely, the GP's not having enough time to talk to patients, no choice of public health psychiatric consultants, no public health counselling. The physical appearance and the stigma attached to going to St. Canices Psychiatric Hospital in Kilkenny poses problems. It is suggested that drugs are used too much to solve the problem and not enough TLC (Tender Loving Care) by the system. Outreach psychiatric services to rural areas seems to be adequate but there is little anonymity in small rural areas. Young men do not go to see their GP's. It is suggested that most young men are healthy and those who commit suicide may not be suffering from depression and so never come to the consciousness of the GP. It is felt that suicide is a problem of societies making and that the GP's don't have the tools to fix it.

## **Discussion and Results**

### **Group One**

Collectively, Group One knew of 12 young men who had committed suicide. All the members agreed it was a difficult subject to talk about especially when it happened to people their own age. All the members were aware of The Samaritans as a source of help and also the GP and the local priest. However, generally speaking they were all unsure of the services available for emotional support for people in need. They expressed the view that, "Some one like that would need medical professional help, sure the Samaritans are only volunteers". Another participant said, "if you tell someone you then have more worry, worrying that they know". They also said that being involved in group therapy was too intimidating. There was a strong belief that young men needed clubs and activities to keep them from becoming lonely or isolated. However, the feeling was also strong that preventing suicide is really down to the families for those at risk. For a way forward, education on depression in schools as an on going activity to start at primary school level was presented and also encouragement for boys at a young age to talk about their feelings.

### **Group Two**

Group Two spoke of a total of 9 young men they knew who had committed suicide. The group still felt that talking about suicide was still just as taboo as it was years ago. The group were reluctant to show any awareness of services available in Kilkenny which offered emotional support. However, when prompted they all had heard of The Samaritans.

In general, the young men seemed quiet hopeless in contemplating any preventative measures. Their main concern was that they would never know if someone was feeling down and words like 'they conceal it' or 'they hide it' were mentioned. Counselling and activities were presented as preventative measures but in a very unsure way. The most positive ideas that came from the group were that facilities should be available for people to meet others and get a broader view of life.



For a way forward the group felt the media had a lot of responsibility to change societies views on the subject. Also they said we should all be responsible to try and avoid letting people become isolated, one young man said, "All my gang had gone off to college in Dublin and only for a lad up the road kept calling and dragged me out to MACRA. I don't know". However they did say, "You can't just ask someone if they are down, sure they could be pure happy". Similar to Group One, education in schools was mentioned for coping with problems or learning how to communicate feelings, but it was mentioned that, "At fourteen it's too late to try and encourage you to talk about your feelings".

### **Group Three**

Group Three knew 16 young men who had died from suicide. Like Group One and Two they agreed that it was an uneasy subject to talk about. However unlike Group Two they felt it was easier now than it was years ago. The local parish priest, GP's, Aware, The Samaritans and the school Chaplain were mentioned as services available in Kilkenny for young men needing emotional support. The group were a bit reluctant to say they would use the services as they felt they should sort out the problems themselves or might appear to be weak if they sought support.

This group unlike the other two groups, tended to turn the questions around and internalise their answers. In seeking emotional help for themselves only one said they would talk to their family while the others would look for outside help but didn't know where they would go. One said "I couldn't tell my mother, she'd be on the phone every ten minutes"

In seeking a way forward, like the other groups, activities for young men were deemed important. It was clear from them that they understood how a young man at home on the farm could get depressed. Unlike the other groups, the group expressed a keen interest in the role of girls to help with emotional support. This was said mostly in jest but with an underlining seriousness. Like the other groups the group felt that education in schools had a large role to play in helping men to cope with life.

## **Group Four**

Group Four knew of 8 young men who had committed suicide and was of similar opinions to the other three groups on the difficulty in talking about the subject. The entire group were aware of The Samaritans and also Aware but in a vaguer way.

The services of the GP, parish priest and counsellor were proposed as useful contacts for emotional support. However they all felt, as did the other groups, that they didn't know what help was out there.

Again similar to the other groups there was a focus on the role of schools. School should not be so academically focused. Also reiterated was the need for clubs and activities for young men.

## **Young Men**

Dr Gallagher of Queens University, who has led the recent research on suicide, said in an article in The Irish Independent 8<sup>th</sup> June 2002 that in the past it was believed that those at greatest risk of suicide had suffered from psychiatric disorders. In fact it would appear that those who had given up hope in their future are at greater risk. The local Kilkenny GP reiterated this and said that the fight to prevent suicide had nothing to do with general practice and that it was a social problem, which the GP's didn't have the tools to change. He felt that a significant amount of suicide cases do not come to the medical consciousness, as they are not depressed. He felt that many suicides in Kilkenny of young men were impulsive or through a deep disappointment and come when the balance of judgement is distributed. Alcohol suppresses inhibitions and this also plays a major part. He feels young men these days are realising that suicide is an option.

If the results of the focus groups are examined in relation to what the young men thought the way forward is, it can be seen that the solutions are all of a social nature like more activities, more clubs, better education on coping with life etc. This would lead us to believe that they too recognise that the problem for young men concerning suicide is a social problem rather than a psychiatric problem.



The young rural men who spoke in the focus group discussions expressed ideas that men should be able to cope themselves and sort out their own problems. Also they felt that they would be considered weak and that people would tell them to “cop themselves on”. It was mentioned that boys don’t cry. Also a strong feeling that came out of the focus groups was one where the young men felt that if they spoke of their problems it would only make them worse for then you had to deal with the fact that someone else knew you could not cope and were weak.

The Director of The Samaritans in Kilkenny was conscious of this problem in young men and said we need to teach young men that it is not weak to speak of their feelings but in fact a sign of strength.

### **Suicide as Taboo**

Other societies in different times have had different attitudes to suicide but regretfully our society carries a stigma still about suicide and mental illness and it is still held as a taboo subject. The role of the Catholic Church and the Legal system contributed to the stigma and suicide being a taboo in our society. All of the young rural men who contributed to the focus group discussions agreed that suicide is a difficult subject and one that is uneasy to talk about. All the groups however, with the exception of one, agreed that it is easier now a days to talk about suicide than it was before. Indeed it was joked about by one group that had we being discussing suicide in a focus group 20 years ago that the priest would have been down to exorcise us all.

All the service providers that were interviewed are conscious of the stigma attached to suicide and mental suffering and the need for their members to have anonymity. Aware, The Samaritans and the Suicide Resource Office, in particular, have spent much time on getting awareness of depression and suicide prevention out there in the public arena.

As reported in the Irish Examiner August 20<sup>th</sup> 2002, Professor Patricia Casey UCD/Mater Hospital said in an address to the pilgrims at the shrine in Knock, Co. Mayo, not to remove the suicide taboo. She feels that it serves as a useful function in controlling social behaviour. By constantly talking about

it we are desensitising ourselves and by removing the cultural and religious sanctions against it we are wittingly presenting it to vulnerable people as an option in some circumstances.

A Kilkenny activist on suicide issues strongly feels that this would mean going backwards where as we need to strive onwards. Society is evolving and we can't go back.

One young man who attempted suicide contributed to *The Irish Times* March 28<sup>th</sup> 2001 (series on suicide) and said that people need to talk about it. "A trouble shared is a trouble halved". He said that you realise that other people have the same problem as yourself. None of these problems are new or exclusive and he thought he was the only one until he discovered there were thousands like him.

### **Prevention**

Although the groups did present some ideas of the way forward, throughout the discussions there was generally a feeling that they were at a loss to see how suicide could be prevented, especially when they related it to cases they knew. They felt it was hopeless, or they thought it was hard to identify in others, which would be the start of helping people and preventing suicide.

Alvarez (1971: xiii) suggests the only conceivable solution is some kind of sympathetic understanding and that's only if the person wants it. The young men in the focus groups felt this would be difficult because people are concealing it or hiding it.

Professor Stengal writes about 'therapeutic community' where lay people in the community are aware of their roles as emotional helpers (Stengal, 1973: 146-148). The young men in the focus group did touch on this in so far as to talk about how they, themselves, could contribute to prevention. They were of the opinion that you couldn't just approach anyone you thought might be down for they could be 'pure happy'. They mostly felt it was up to the family to watch out for each other. Although it was mentioned in the groups that we could all be a bit more vigilant and try to avoid letting people



become isolated. An example of this was explained by one group member who was feeling down when all his friends went off to college and eventually someone 'dragged' him along to Macra.

Alvarez (1971: 84) elaborates that suicide is like sex and will not be erased even if society is perfect. The Suicide Resource Officer has a similar view and says that irrespective of what programmes are devised there will always be suicide. However, he does feel that a significant number of the suicide figures we see today could have been prevented. He stresses that the Suicide Resource Office can not do it alone. Everyone who is involved in suicide prevention and rural youth groups must come together as they all have a role to play.

The local Kilkenny GP says that if we managed to get all the young men to visit their GP's and even fill out questionnaires and provided the best service in the world, we still could not prevent suicide. He says that some suicides can be prevented but it is a problem of society and society does not encourage young men to talk out their feelings. GP's just do not have the tools to prevent suicide in young men. The fact is that at the present time suicide is seen as an option for young men.

The facilitator of Aware in Kilkenny feels that parents are not there for their children these days and that love is shown by the giving of material items. Youngsters are looking for love in drink and drugs. The social structure has to change but Aware can not do it. She feels the groups like Macra and the IFA should be getting involved for they can speak the language of the rural communities.

The young men in the focus groups discussions also felt that the rural groups have a role to play and they constantly spoke of better, more exciting activities for young men to be organised by the clubs.

Overall the member of GROW summarised the situation nicely by saying that each service fills a certain function but alone these services do not have all the answers.

## Education

All the groups without exception spoke of the lack of education in the areas of emotions and learning how to cope with life. If young men are to be encouraged to talk, they felt it had to begin at primary school level and not just be a once off but a constant part of the curriculum. They felt school was all about getting points and was too academic. If the schools had coping with life skills perhaps young people would come to realise that we all have problems from time to time and there are solutions. Maguire (2001: 68) advocates the development of good coping skills in young people through the schools. She suggests that coping with life and learning how to solve problems is related to personality of the person rather than the intelligence of the person. If the young are more resourceful and skilled in problem solving it is more likely they will be able to cope with stressful situations. A person who is coping well may see a stressful situation as a challenge and an opportunity for change rather than as an occasion for despair.

Aware (1998: 12) reviewed 11 suicide prevention programmes. The results showed that the student's knowledge of suicide improved but there was an increase in hopelessness and bad coping techniques in males afterwards. Aware proposed the introduction of self esteem programmes and problem solving programmes in schools. The young man who attempted suicide and contributed to the *Irish Times* series on suicide also spoke of education. He said a programme should be designed to help young people face up to their emotional distress and depression.

The idea of better equipped guidance counsellors in schools was also mentioned by the young men in the focus group discussions. They felt that a lot of the depression for the young men living in rural areas could be due to the fact that they are working at jobs where their full potential is not being realised and perhaps with no chance of climbing the ladder. The different opportunities should be well explained to young people in schools and also guidance on how to study for exams and how to cope with exam stress. The Suicide Resource Office of the South Eastern Health Board is heavily engaged in education and training. They say there should be education on such matters in schools and colleges. They say that school and remaining



in school is a natural protective factor against suicide. A large proportion of suicides are from those who have left school early. To combat this education programmes should also be available through the youth services.

### **Research Perspective**

This study was undertaken in three months. The approach adopted had to be quick and did not have the luxury to delve too deep into any of the areas examined. As the search unfolded it became obvious that research on this subject needed more time and then perhaps a more slower and thorough approach could have been taken especially concerning the focus groups.

Another aspect of the focus groups that affected the men's ability to talk openly was whether or not they knew the researcher before hand. The groups that did know the researcher got into the flow of the discussion quicker and were more open with ideas.

The worry is that good ideas may be lost. In an approach to the topic it would be of huge benefit to any researcher and possibly provide more insight, if the researcher was to work with existing groups in the community for some months before the research began. Alternatively with the help of a community development group, young men's groups could be formed with this area of interest being a small part of their *raison d'être*. This time could be used to get to know the young men, build up a rapport and give the researcher useful insights into the background of where the young men's ideas are coming from and a feel for how to form discussion groups that would be informative and reliable.

### **Recommendations**

#### **Local Level**

In light of the organisation Awaras' mandate to foster understanding and acceptance of mental illness, it is recommended that Aware should get its own telephone number and detach itself from the stigma of St Canices Psychiatric Hospital.

The Samaritans need to look into acquiring funding to provide a free phone service or at least organise so that their number does not show on the caller's telephone bill. Also the Samaritans should promote their internet emotional support service. The effort of having developed their no logo feature on line for privacy should not be wasted and could be of great interest to young people.

*Rural Issue Service Strategy: A Plan for Rural Areas*, which is a British Samaritan initiative, should be duplicated here. The Samaritans should call upon The Department of Agriculture and Food, The Irish Farmers Association, Macra na Feirme, Teagasc and other rural organisations for sponsorship and co-operation for such an effort.

To become more relevant and acceptable for young men the organisation GROW should contemplate a review of the religious content in their programme. They specifically state on their pamphlets that they are non denominational but this seems to be in contradiction with their actual programme.

The young men spoke of their lack of confidence in the volunteer services and also in their lack of comfort with the ideas of group therapy. It was felt that there were no public health counsellors that a person could be referred to. The idea of a 'one stop shop' or a 'drop in centre' was mentioned. It is recommended that a centre where young people can come in and talk, have a cup of coffee and feel comfortable should be created and marketed properly with the involvement of young men and with thought to allow it to be acceptable to young people. This centre should be manned by professional counsellors. Whether a service like this would work better if it were incorporated with the likes of FAS and the local job centre or some other youth programme, would have to be researched.

Rural transport needs to be addressed by local development organisations funded by the National Development Plan. With the pressures of modern living it is not acceptable for young rural men to be cycling around the country, coupled with the enormous cost of young men's car insurance it



highlights the need for some regular taxi/bus service to bring young men to activities and social events.

Many rural development companies are already involved in young peoples projects. These efforts are welcomed and should incorporate developing better social activities and amenities for the young men in rural areas.

### **National Level**

The government, in its commitment in providing rural areas with services according to the *White Paper on Rural Development* needs to keep a focus on the needs of the young people in rural areas and allocate specific money to rural transport and youth activities and amenities for young rural people.

A National Prevention/Reduction Strategy is long overdue. The team of the National Task Force needs to keep its focus and deliver this strategy. There needs to be specific emphasis on young rural men as the group most at risk. The ball needs to start rolling at this level to shake up the rural organisations and help the service providers with advice, guidelines and free them from their financial constrictions by allocating them funds to employ manpower and fund their campaigns.

The National Strategy should allow for research to be carried out to ask the question of why are young men killing themselves. These central questions should be an important influence in the development of service responses. Other research should be undertaken to find out how society can identify those at risk of committing suicide.

As has been stated over and over again in this research, the importance of education in human development at an early age needs to be incorporated into the Irish education system. The National Strategy should be the power behind addressing this need with the Department of Education. 'Life Guidance' should be introduced as a subject into the schools curriculum. This should include training on coping with life skills as well as career guidance.

Throughout this research many people have expressed ideas about the need for men to open up, express their feelings etc. This maybe so but attention should be given to the idea that in our society today men are perhaps facing a masculine crisis. Women seem to be in control of their lives and have been the focus for a long time. Men's roles are perhaps more in question. So instead of putting it to them that they must express their emotions similar to women, let men be allowed to find their own way to express themselves. What this might be cannot be speculated here and perhaps research needs to be done on the masculine crisis, which may be happening in our society today. It is recommended that in any response to the problem of suicide that it should not be trying to make men become women.

## Conclusion

Rural male suicide is on the increase as compared to urban male suicide. For every four males committing suicide, there is one female. Suicide is now reported to be the second most common cause of death for young males in Ireland.

No statutory or voluntary agency is focusing on the problem of suicide among men in rural areas. It is time now for those groups involved with young rural men to come together with all bodies concerned with suicide prevention and take action. They must look to see how they can provide acceptable and accessible services, activities and education for young men.

To do this successfully research must be undertaken to find out the reasons why young rural men are committing suicide. The findings of such research will be important to guide the service responses. Suicide must begin to be seen as a social problem to be talked about and a social problem to be solved.

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*EirCan* represents a synergy created from the most contemporary and appropriate Irish (Eire) and Canadian (Can) child and youth care ways of thinking about, and working with, children, youth and families.

Based on practice and research experience, EirCan provides services which encompass training, consultation, research, coaching for supervisors and senior management, support in policy development, programme and service reviews and specific publications and research directed towards current areas of Social Care/Child and Youth Care practice.

## **The EirCan Philosophy**

For some years now we have been developing and refining a theoretical model of practice for social care/child and youth care practitioners that we call the EirCan perspective.

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### ***Contact us at***

Thom Garfat, PhD:  
[garfat@videotron.ca](mailto:garfat@videotron.ca)

Niall McElwee, PhD:  
[socsciconsultancy@gmail.com](mailto:socsciconsultancy@gmail.com)

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